

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS  
NEW JERSEY STATE HEALTH BENEFITS PROGRAM  
STATE MONTHLY ACTIVE GROUP  
MONTHLY RATES EFFECTIVE 1/1/2014 TO 12/31/2014

PLAN/COVERAGE DESCRIPTION	TOTAL
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #203	
<b>AETNA FREEDOM15 #180(1)</b>	
Single	\$634.10
Member & Spouse/Partner	\$1,268.19
Family	\$1,642.32
Parent & Child	\$1,008.22
<b>NJ DIRECT15 #150(1)</b>	
Single	\$627.82
Member & Spouse/Partner	\$1,255.63
Family	\$1,626.05
Parent & Child	\$998.23
<b>AETNA HMO #005(1)</b>	
Single	\$627.27
Member & Spouse/Partner	\$1,254.54
Family	\$1,624.63
Parent & Child	\$997.36
<b>HORIZON HMO #011(1)</b>	
Single	\$620.99
Member & Spouse/Partner	\$1,241.99
Family	\$1,608.36
Parent & Child	\$987.37
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$174.25
Member & Spouse/Partner	\$348.51
Family	\$451.31
Parent & Child	\$277.06

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205	
<b>AETNA FREEDOM1525 #063(2)</b>	
Single	\$616.34
Member & Spouse/Partner	\$1,232.68
Family	\$1,596.32
Parent & Child	\$979.98
<b>NJ DIRECT1525 #051(2)</b>	
Single	\$610.24
Member & Spouse/Partner	\$1,220.48
Family	\$1,580.52
Parent & Child	\$970.28
<b>AETNA HMO1525 #061(2)</b>	
Single	\$609.71
Member & Spouse/Partner	\$1,219.41
Family	\$1,579.15
Parent & Child	\$969.44
<b>HORIZON HMO1525 #053(2)</b>	
Single	\$603.61
Member & Spouse/Partner	\$1,207.22
Family	\$1,563.35
Parent & Child	\$959.74
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$158.05
Member & Spouse/Partner	\$316.10
Family	\$409.35
Parent & Child	\$251.30

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PLAN/COVERAGE DESCRIPTION	TOTAL
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MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206

<b>AETNA FREEDOM2030 #064(3)</b>	
Single	\$579.56
Member & Spouse/Partner	\$1,159.12
Family	\$1,501.06
Parent & Child	\$921.50
<b>NJ DIRECT2030 #052(3)</b>	
Single	\$573.82
Member & Spouse/Partner	\$1,147.65
Family	\$1,486.19
Parent & Child	\$912.37
<b>AETNA HMO2030 #062(3)</b>	
Single	\$573.32
Member & Spouse/Partner	\$1,146.65
Family	\$1,484.90
Parent & Child	\$911.58
<b>HORIZON HMO2030 #054(3)</b>	
Single	\$567.59
Member & Spouse/Partner	\$1,135.18
Family	\$1,470.06
Parent & Child	\$902.47
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$160.85
Member & Spouse/Partner	\$321.67
Family	\$416.60
Parent & Child	\$255.75

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #207

<b>AETNA FREEDOM2035 #066(4)</b>	
Single	\$498.42
Member & Spouse/Partner	\$996.84
Family	\$1,320.82
Parent & Child	\$822.40
<b>NJ DIRECT2035 #056(4)</b>	
Single	\$493.49
Member & Spouse/Partner	\$986.97
Family	\$1,307.74
Parent & Child	\$814.25
<b>AETNA HMO2035 #065(4)</b>	
Single	\$493.06
Member & Spouse/Partner	\$986.11
Family	\$1,306.60
Parent & Child	\$813.54
<b>HORIZON HMO2035 #055(4)</b>	
Single	\$488.13
Member & Spouse/Partner	\$976.25
Family	\$1,293.54
Parent & Child	\$805.41
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$144.77
Member & Spouse/Partner	\$289.53
Family	\$383.63
Parent & Child	\$238.86

HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG

<b>AETNA VALUE HD4000 #092(5)</b>	
Single	\$447.39
Member & Spouse/Partner	\$894.79
Family	\$1,158.74
Parent & Child	\$711.35
<b>NJ DIRECT HD4000 #090(5)</b>	
Single	\$425.92
Member & Spouse/Partner	\$851.85
Family	\$1,103.13
Parent & Child	\$677.21
<b>AETNA VALUE HD1500 #093(6)(7)</b>	
Single	\$663.53
Member & Spouse/Partner	\$1,327.08
Family	\$1,718.54
Parent & Child	\$1,055.01
<b>NJ DIRECT HD1500 #091(6)(7)</b>	
Single	\$631.69
Member & Spouse/Partner	\$1,263.39
Family	\$1,636.07
Parent & Child	\$1,004.38

- 1) Subscribers in # 150, #180, #005, and #011 are subject to \$15 Primary Care and \$15 Specialist office visit co pay and are eligible for Prescription Drug Plan #203
- 2) Subscribers in #051, #061, #53, and #063 are subject to \$15 Primary Care and \$25 Specialist office visit co pay and are eligible for Prescription Drug Plan #205
- 3) Subscribers in # 052, #062, #54, and #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit co pay and are eligible for Prescription Drug Plan #206
- 4) Subscribers in #066, #056, #055, and #065 are subject to \$20 Primary Care and \$35 specialist office visit copayment
- 5) Subscribers in High Deductible Plans #90 and #92, are subject to \$4,000 In-Network deductible
- 6) Subscribers in High Deductible Plans #91 and #93 are subject to \$1,500 In-Network deductible
- 7) For Subscribers in High Deductible Plans #093 and #091 employer will contribute \$300 annually to Health Savings Account